

Nursing Home QAPI



Webinar

November 14, 2012

Today's Agenda

- Introductions/Opening Remarks
- QAPI Demonstration
- National Roll-Out of QAPI
- Role of Ombudsman Programs
- Questions and Dialogue
- Wrap-up and Adjourn

Description: What is QAPI?

- Quality Assurance (**QA**) and Performance Improvement (**PI**) are complementary approaches to quality management. Both involve seeking and using information, but they differ in key ways

Description: What is QAPI?

- **QA** is a process of meeting quality standards and assuring that care reaches an acceptable level. Nursing homes typically set QA thresholds to comply with regulations.
- **PI** is a pro-active and continuous study of processes with the intent to prevent or decrease the likelihood of problems. PI identifies areas of opportunity and tests new approaches to fix underlying causes of persistent/systemic problems.

Description: What is QAPI?

	Quality Assurance	Performance Improvement
Motivation	Measuring compliance with standards	Continuously improving processes to meet standards
Means	Inspection, review	Prevention, planning
Attitude	Required, defensive	Chosen, proactive
Focus	Outliers, “ <i>bad apples</i> ,” individuals	Processes, systems
Scope	Individual provider	Systems for patient care
Responsibility	Few	All

QA + PI = QAPI

- **QA** and **PI** combine to form **QAPI**, a data-driven, proactive approach to improving the quality of life, care, and services in nursing homes. The activities of QAPI involve members at all levels of the organization to: identify opportunities for improvement; address gaps in systems or processes; develop and implement an improvement or corrective plan; and continuously monitor effectiveness of interventions.

QAPI builds on QA&A

- Committee structure
- Review complaints and concerns
- Conduct audits
- QAPI will go beyond QA&A with
 - Prospective approach through comprehensive plan and leadership engagement
 - Greater involvement of all staff, residents, families
 - Focus on performance improvement projects (PIPs) and Systems

The Five Elements

- **Element 1: Design and Scope**
- **Element 2: Governance and Leadership**
- **Element 3: Feedback, Data Systems and Monitoring**
- **Element 4: Performance Improvement Projects (PIPs)**
- **Element 5: Systematic Analysis and Systemic Action**

Quality Assurance & Performance Improvement *in* Nursing Homes

From: Discussion with Stakeholders

September 14, 2012

*Thomas E. Hamilton, Director
Survey & Certification Group
Centers for Medicare and Medicaid Certification*

Historical Perspective

1. CMS Expectations + Process

Aw Maaannnn!

Future Perspective

1. CMS Expectations + Process

Aw Maaannnn!

2. Opportunities for ALL Staff in NHs

Getting to Where there is Yes!

Revisiting CMS Regulations

(Hamilton's Abridged Version)

BASICS	
Do This	
Don't Do That	

Examples in Nursing Homes:

- Resident Rights (483.10)
- Admission, Transfer, Discharge (483.12)
- Quality of Life (488.15)
- Quality of Care (488.25)
- Nursing, Dietary, Physician Services (488.30-40)
- Specialized Rehabilitation (488.45)
- Pharmacy Services (488.60)
- Infection Control (488.65)
- Physical Environment (488.70)
- Administration (488.75)

180 Tags

Revisiting CMS Regulations

(Hamilton's Abridged Version)

BASICS <i>(Old Testament)</i>	Beyond the Basics <i>(New Testament)</i>
Do This	Learn
Don't Do That	Become Even Better Internal Governance Internal Quality Champions

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Examples in Nursing Homes:

- | | |
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|---|---|

QAPI Requirements in CMS Regulations

- Hospitals
- Organ Transplant Hospitals
- Dialysis Facilities
- Ambulatory Surgical Centers
- Home Health
- Hospice
- *And coming to ...Nursing Homes*

Special Opportunities in LTC

- Everyone Makes a Difference ...
 - Democratizing Improvement
 - Staff
 - Residents, Resident Councils, Families
 - Active involvement of residents, staff
 - Tools that Everyone Can Use
 - Value of Feedback
 - Never Worry Alone
 - PDSA – Providing the Tools that Everyone Can Use
- Culture Change + QAPI: Mutually Reinforcing

Useful Adages

- *Every System is Perfectly Designed ...
to Achieve the Results it Achieves*

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to Achieve the Results it Gets*
- *If we Lose the Patient ...
We Don't Lose the Lesson*

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and then Reflecting on the Consequences of those Changes (Don Berwick)*

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- *PDSA is the Growth of Knowledge through Making Changes ..
and then Reflecting on the Consequences of those Changes (Don Berwick)*
- *Measurement is only a Handmaiden to Improvement ..
but Improvement Cannot Happen without it (Don Berwick)*



QAPI National Demonstration

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Acknowledgement



- **Contractor team**

University of Minnesota: Rosalie Kane, Robert Kane, Janie Moore, Patricia Schommer, plus other consultants.

Stratis Health: Jennifer Lundblad, Jane Pederson, Marilyn Reiersen, Kelly O'Neill, & Kathie Nichols

- **Technical Expert Panel (TEP)**

Barbara Baylis, Cornelia Beck, Carol Benner, Nicholas Castle, Mary Tess Crotty, David Farrell, David Gifford, Jill Hreben, Christine Mueller, Mary Ousley, Cheryl Phillips, Sara Singer, & Hollis Turnham

- **CMS QAPI team:** Alice Bonner, Debra Lyons, Israel Cross, Cathy Lawrence, Kathleen Johnson

Work performed under contract from CMS to University of Minnesota and Stratis Health; Debra Lyons, CMS Project Officer

QAPI Demo Quick Facts



- 17 volunteer nursing homes from 4 states
- 2 year project: September 2011 -August 2013
- NHs used CMS 5-element framework
- NHs received technical assistance (TA)
- NHs had access to suggested tools & resources
- NHs were organized as a Learning Collaborative
- Systematic evaluation: first phase focused on early implementation

Demo Nursing Homes



- 17 participating homes, selected for variations:
 - Large and small; for profit & not-for-profit
 - Freestanding or in multi-nursing home corporations
 - Levels of previous QA & PI experience
 - Rural, suburban, small town & urban homes
 - Variation across five star rating spectrum
 - Variation in leadership or overall staff turnover
 - Varied “culture change” experience
- States (CA, FL, MA, MN) also chosen to vary:
 - Structure of industry, labor force, state regulatory & reimbursement policy, use of QIS

17 NHs illustrate QAPI implementation in a wide range of NH settings, though the sample was too small to generalize results to either state or entire country



General Conclusions

- In less than a year, 16 of 17 homes implemented many elements of QAPI to varying degrees:
 - Almost all had made progress with QAPI plans
 - 16 had one or more PIPs completed or in process.
 - The NH with the slowest start had undergone many changes in ownership and leadership & experienced quality challenges before a QAPI infrastructure could have been developed.

Factors associated with implementation



- Implementation success was not predicted by:
 - Five star rating status
 - Degree of culture change & person-centered care. *
 - Extent of corporate resources regarding quality. **

* “Culture change NHs” have a head start, with a culture of resident and caregiver involvement & emphasis on quality of life goals. Yet, the culture change NHs in the demo needed to work to develop data-driven systematic QAPI approaches.

** Corporations with participating NHs were often strongly committed to CQI or TQM & some had rich on-line resources, yet corporate materials and dashboards were not readily usable for individual NHs.

Greatest Challenges



- Using data systematically to get a comprehensive overview of performance
- Turning data into meaningful information
- Building in systematic resident and family input without bias
- Structuring PIPs
- Applying root cause analysis
- Using systems thinking in all quality efforts
- Breaking out of silos of disciplines, departments, & shifts to work system-wide.

Completing Pilot



- Final learning collaboratives will be held in 2012-2013
- Research team will analyze data, produce report
- Team will provide feedback from pilot homes to CMS team and groups working on QAPI tools and resources
- Lessons from University of Minnesota QAPI website will be used in deployment of CMS national QAPI website

National QAPI Roll-out

Phase 1 – September 2010

Planning and Development

Phase 2 – Fall 2011

Testing and further development of QAPI tools & resources through Demonstration & Nursing Home Quality Improvement Questionnaire (Wave 1)

Phase 3 – Beginning Fall 2012

Initial Rollout of Foundational Materials
Nursing Home Quality Improvement Questionnaire (Wave 2)
Development of Surveyor & Consumer Materials
Full Rollout of training materials

Phase 2 Roll-Out – NH Quality Improvement Questionnaire (Wave 1)

Administered in 2 waves to a nationally representative sample of 4,200 NHs

– 1st Wave (Summer, 2012):

- Obtain baseline info; and
- Identify potential barriers to implementing quality programs

– 2nd Wave (Summer, 2013):

- Assess the development of QAPI systems;
- Identify what types of TA to make available to nursing homes in the future;
- Determine potential impact of TA in advancing QAPI in nursing homes

Phase 2 Roll-Out – NH Quality Improvement Questionnaire (Wave 1)

- Data collection period ending mid-October 2012
- Already have 3,151 completed questionnaires

75%

National Roll-Out Phase 3

Website

- Learn More
 - About QAPI
 - About Us
 - Tools and Resources for Providers
- Featured Videos

Initial Rollout

- Sets the groundwork
- Helps you see where you are and provides a roadmap for further improvements
- “Implementing QAPI is essential – it is not enough simply to understand it.”

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Quality Assurance and Performance Improvement

“Transforming the lives of nursing homes residents with continuous attention to quality of care and quality of life.”



Welcome

This website has been created to serve as a resource to all stakeholders in nursing home quality improvement. Additionally, it provides practical tools, resources, and best practice examples to those charged with developing QAPI programs in nursing homes.

Currently, this website has information that is tailored to providers (nursing home personnel and professionals who work in nursing homes as staff or consultants) in the “Resource for Providers section.”

However, we are developing resources for consumers and regulators that will be posted at a later time.

Please continue to visit us often as materials on this website will expand over time.

Featured Video

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QAPI

QAPI Definition and Background

Definition

Quality Assurance and Performance Improvement (QAPI) is a data-driven and pro-active approach to quality improvement. Activities require all members of an organization to continuously identify opportunities for improvement and address gaps in systems. Comprehensive, systematic interventions improve the overall quality of care and services delivered to nursing home residents.

Background

The existing Quality Assessment and Assurance (QAA) provision at 42 CFR, Part 483.75(o) specifies the QAA committee composition and frequency of meetings in nursing facilities and requires facilities to develop and implement appropriate plans of action to correct identified quality deficiencies. This provision provides a rule but not the details as to the means and methods taken to implement the QAA regulations. CMS is now reinforcing the critical importance of how nursing facilities establish and maintain accountability for QAPI processes in order to sustain quality of care and quality of life for nursing home residents.

In March 2010, Congress passed the Affordable Care Act. The Provisions set forth at Section 6102 (c) of the Affordable Act provide the opportunity for CMS to mobilize some of the best practices in nursing home QAPI and to identify technical assistance needs in advance of a new QAPI regulation. The provision states that the Secretary (delegated to CMS) shall establish and implement a QAPI program for facilities that includes development of standards (regulations) and provision of technical assistance on the development of best practices in order to meet such standards. This new provision significantly expands the level and scope of required QAPI activities to ensure that facilities continuously identify and correct quality deficiencies as well as sustain performance improvement.

The Five Elements of QAPI

CMS has identified five strategic elements that are basic building blocks to an effective QAPI program. These provide a framework for your QAPI program development. You should become familiar with the language of the five elements as they are your strategic framework for developing, implementing, and sustaining your QAPI program. In doing so, keep the following in mind:



AT A GLANCE:

*A STEP BY STEP GUIDE TO BUILDING A QUALITY ASSURANCE
AND PERFORMANCE IMPROVEMENT (QAPI) PROGRAM
IN YOUR NURSING HOME*



UNIVERSITY OF MINNESOTA



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Take your QAPI "Pulse" with a Self-Assessment

To help resolve areas you need to work on in order to establish QAPI in your organization, it is helpful to conduct a self-assessment. The results of this assessment will direct you to areas you need to work on in order to establish QAPI in your organization. As you continue implementing the actions steps outlined in this guide, this tool should be used for periodic evaluations of your organization's QAPI program—see how far you've come. To get you started, we've developed a self-assessment tool to take your QAPI "pulse." It will assist you in evaluating the extent to which components of the QAPI program are in place within your organization and identifying areas requiring further development. It will help you determine how you would really know that your QAPI program is taking hold.

Take your QAPI "Pulse"



QAPI
Quality Assessment & Performance Improvement

QAPI Self-Assessment Tool
Directions: Use this tool as you begin work on QAPI and then for annual or semiannual evaluation of your organization's progress with QAPI. This tool should be completed with input from the entire QAPI team and organizational leadership. This is meant to be an honest reflection of your progress with QAPI. The results of this assessment will direct you to areas you need to work on in order to establish QAPI in your organization. You may find it helpful to add notes under each item as to why you rated yourself a certain way.

Self-assessment scheduled for: _____

Date of Review: _____


Rate how closely each statement fits your organization

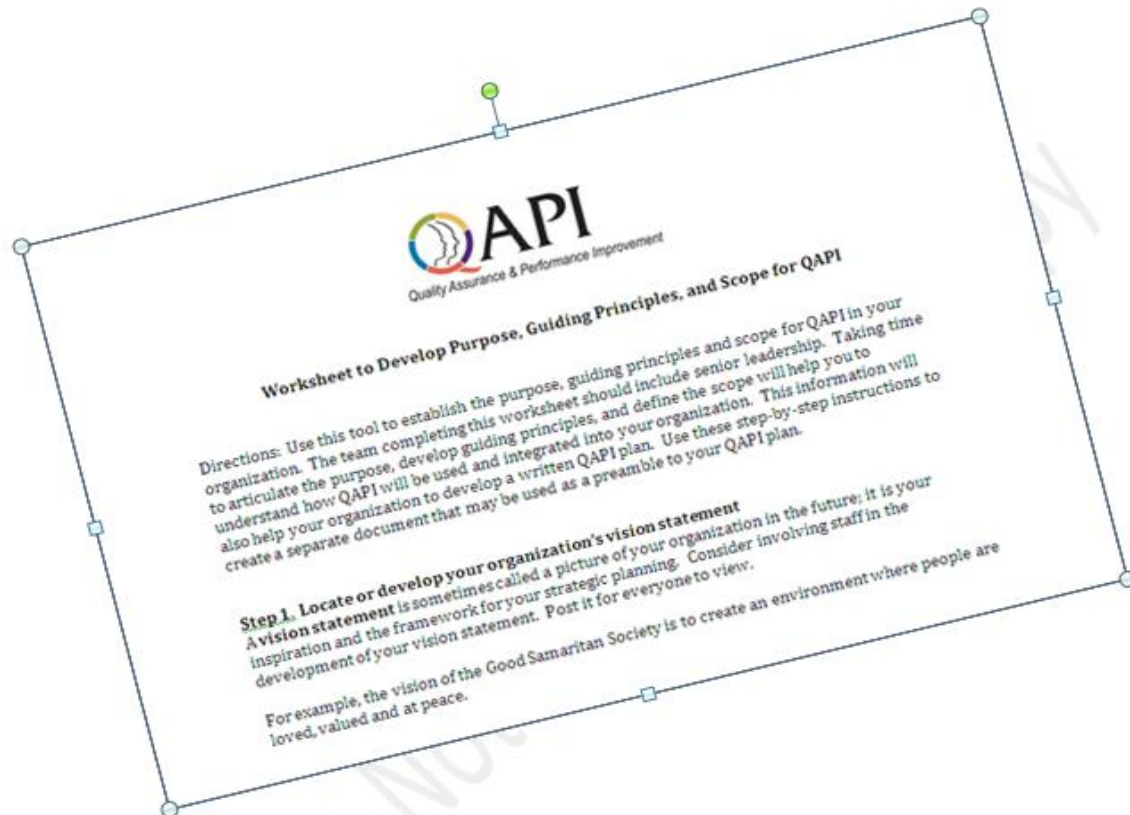
	Not present	Just starting	Under way	Almost there	Strong proof
Our organization has developed principles guiding how QAPI will be implemented into our culture and business plan for the next year. For example, we have set the QAPI as a method for approving decisions making and problem solving rather than considered as a separate program.					
Our organization has identified how all service lines and departments will utilize and be engaged in QAPI to plan and decide work. For example, we can say that all service lines and departments use data to make decisions and drive improvements, and use measurement to determine if improvements affect care.					
Our organization has developed a written QAPI plan that contains the steps that the organization takes to identify, implement and evaluate continuous improvement in all departments, and is revised as we ongoing learn. For example, a written plan that is done yearly for compliance and not referenced could not meet the intent of a QAPI plan.					

This information is not intended to limit the scope of clinical regulations or official QAPI policy.

Nursing Home QAPI Purpose & Guiding Principles Worksheet


- Guides your organization's performance improvement efforts
- Should reflect input from staff representing all roles and disciplines within your organization
- Describe how the program will address:
 - Clinical care
 - Quality of life
 - Resident choice
- Guidelines for Performance Improvement Project (PIP) Teams
 - Describe the overall plan for conducting PIPs to improve care or services.
 - Indicate how potential topics for PIPS will be identified

Develop guiding principles to help draft your QAPI plan 



Nursing Home QAPI Plan Outline

- Assists you in achieving what you have identified as the purpose, guiding principles and scope for QAPI
- Helps you to understand how QAPI will be used and integrated into your organization
- Helps your organization to develop a written QAPI plan

Now that you've developed your guiding principles, get going on your QAPI plan 



Outline for a QAPI Plan

Directions: The QAPI plan will guide your organization's performance improvement efforts. Prior to developing your plan, complete the Worksheet to Develop Purpose, Guiding Principles, and Scope for QAPI. Your QAPI plan is intended to assist you in achieving what you have identified as the purpose, guiding principles and scope for QAPI, therefore this information is needed before you begin working on your plan. This QAPI Plan outline is set up so that you can enter information in each section. This is a living document that you will continue to refine and revisit. This plan should reflect input from staff representing all roles and disciplines within your organization. You may save this tool and adapt it as needed as you are entering your information. Delete any of the instructional text that you do not want to save.

1. QAPI Goals

- a. Based on the Worksheet to Develop Purpose, Guiding Principles, and Scope for QAPI, indicate the QAPI goals that your plan will strive to meet. Goals should be specific, measurable, actionable, relevant, and have a time line for completion. (See Goal Setting Worksheet).

Featured Video

- “The Business Case”
- Real Residents
 - What’s important to me
- Perspective of real providers
 - What’s in it for me?
 - Understanding the value in QAPI

National Roll-Out Phase 3

Phase 3

- Nursing Home Quality Improvement Questionnaire (Wave 2)
- Provider Materials
- Consumer Materials
- Surveyor Materials

Phase 3 Roll-Out – Provider Materials

***Process Tools:** Tools that help NHs implement QAPI

***Topic Tools:** Tools for specific topics



***CMS not mandating specific tools**

Phase 3 Roll-Out – Provider Materials

Online Learning Sessions

Goals:

- Provide instruction on basic concepts – 5 Elements
- Facilitate early successes & mastery of fundamentals

Audience:

- Primary: NH staff serving on QAPI committee, other key staff
- Secondary: All NH staff and caregivers
- May be used by other audiences (SAs, ROs, Partners, Stakeholders)

Phase 3 Roll-Out – Provider Materials

Focused Webinars

- In-depth study
- Complex

Root Cause Analysis: Session 1

Jane Pederson, MD, MS
Director of Medical Affairs
Stratis Health

June 21, 2012



Phase 3 Roll-Out – Provider Materials

Provider Materials

Process & Topic Tools

Online Learning Sessions

Focused Webinars

All to go on CMS website

<http://go.cms.gov/Nhqapi>



Phase 3 Roll-Out – Surveyor Materials

- Surveyor Training Needs:
 - Understanding Systems Thinking
 - Evaluating Plans of Correction
- Surveyor Worksheet
 - Prompts surveyors throughout survey process
 - Helps identify systems issues to be investigated during QAPI review

Phase 3 Roll-Out – Consumer Materials

Materials that will:

- Empower
- Engage

Residents, families, agents, ombudsman and advocates

Ombudsman Programs

What role may ombudsman programs play in QAPI implementation?

How may ombudsmen prepare for QAPI and how may they get involved?

Transformation

“Transforming the lives of nursing home residents through continuous attention to quality of care and quality of life”

